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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

20 December 2004

The Honorable Cristine Vogel
Commissioner
Office of Health Care Access
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

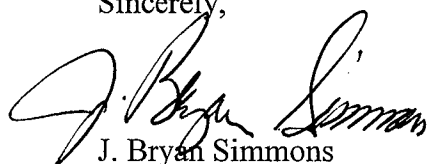
Re: Letter of Intent.

Dear Commissioner Vogel:

I have enclosed a completed Letter of Intent for a forthcoming Certificate-of-Need application for our proposal for capital expenditures associated with the acquisition of equipment and the renovation of space for an information services "disaster recovery center". We look forward to submitting our project application to you; and we request from your office the necessary application forms.

Please feel free to contact me if you have any questions about this matter. Thank you.

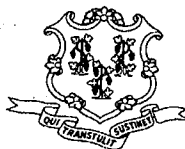
Sincerely,



J. Bryan Simmons
Vice President for Planning
and Facilities Development

JBS/km





State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Hartford Hospital	
Doing Business As		
Name of Parent Corporation	Hartford Health Care Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	80 Seymour Street P.O. Box 5037 Hartford, CT 06102-5037	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	J. Bryan Simmons, Vice President for Planning and Facilities Development	
Contact person's street mailing address	80 Seymour Street Hartford, CT 06102-5037	
Contact person's phone #, fax # and e-mail address	860 / 545-2232 phone 860 / 545-3600 fax bsimmon@harthosp.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

I. S. Disaster Recovery Facility

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

Hartford Hospital, 181 Patricia M. Genova Drive, Newington, CT 06111

d. List all the municipalities this project is intended to serve:

While this project is not clinical in nature, it is not intended to serve any particular municipalities. In general, Hartford Hospital serves primarily Greater Hartford area cities and towns.

e. Estimated starting date for the project: 1 April 2005

- f. Type of project: 32. (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 3,583,050
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 902,574
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	\$2,380,000
Other (Furn., Netwk. Costs, Project Mgt., Consulting)	\$ 300,476
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$ 3,583,050
Fair Market Value of Leased Equipment	
Total Capital Cost	\$ 3,583,050

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
(none)				

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: _____

Project Title: _____

I, _____,
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that _____
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.

Signature

Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Project Description

This proposed project involves the renovation of space within an existing building on Hartford Hospital's Newington campus, to accommodate the installation of computer servers and other associated hardware and software, to assure that Hartford Hospital, and two affiliated organizations, have appropriate redundant clinical, financial and management information. Within the field of information services, this capability is referred to as "Information Services Disaster Recovery capability". The need for this project is based on the critical requirement for accurate and timely clinical patient information as well as management and financial information in a modern health care organization, and the necessity of assuring appropriate redundancy to maintain and secure this information.

At the present time, the Hospital operates over 100 software application systems to support its clinical services and associated financial and administrative activities. These software applications systems reside on equipment located in a single, large Data Center, which accommodates both the equipment and office space for the Information Services staff, located on the main Hospital campus. While this building is well protected against environmental and other hazards, such as fire and flood, the events of September 11, 2001 underscored the fact that no single data center is sufficient to protect a hospital's systems against a major casualty. Any moderate fire, flood or wind casualty could cause the loss of key information systems for periods that could affect patient care and the operation of the Hospital; and this project is intended to safeguard patient clinical information and therefore patient care.

More specifically, this project involves constructing and equipping a fully capable disaster recovery data center that will mirror the key software application systems at Hartford Hospital. The disaster recovery data center will contain more than 100 computers and related equipment that will allow Hartford Hospital to continue operating its key systems in the event that the main data center suffers a major casualty.

As noted above, the center is proposed to be located at Hartford Hospital's Newington campus, approximately seven miles from the main Hospital campus. This distance is sufficient to protect against a major casualty to the main Hospital facilities, but still allow easy access by the Hartford Hospital Information Services staff. The center would occupy approximately 2,500 square feet of space, currently unoccupied, within the Curtis Building at the Newington campus.

With regard to the specific questions to be addressed by prospective applicants, the following responses are provided:

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
Response: At the present time, Hartford Hospital provides a very broad array of services, ranging from community health promotion and disease prevention to primary medical care and the most sophisticated tertiary care services. The Hospital's information services, through very sophisticated software applications and corresponding hardware, complement and support this services and clinical care mission.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
Response: There are no changes proposed to any of the Hospital's community or clinical care services.
3. Who is the current population served and who is the target population to be served?
Response: The current population served by Hartford Hospital is concentrated primarily within the greater Hartford region, defined as the City of Hartford and the fifteen cities and towns

surrounding Hartford, but the Hospital's service population also includes people from throughout the State and the region. The target population to be served by this proposal is the entire public community that the Hospital now serves.

4. Identify any unmet need and how this project will fulfill that need.

Response: As indicated above, the unmet need for this project is based on the critical requirement for accurate and timely clinical patient information as well as management and financial information in a modern health care organization, and the necessity of assuring appropriate redundancy to maintain and secure this information. This project will assure, within a separate and secure but accessible facility, the hardware and software necessary to maintain and secure the information.

5. Are there any similar existing service providers in the proposed geographic area?

Response: There are four other acute care general hospitals within Hartford Hospital's primary service area, including The John Dempsey Hospital, The Manchester Memorial Hospital, The New Britain General Hospital, and The St. Francis Hospital and Medical Center.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

Response: The effect of this project will be to further improve the health care delivery system in the State by further improving the security and reliable availability of critical clinical information for a major clinical care provider.

7. Who will be responsible for providing the service?

Response: Hartford Hospital, and specifically its Department of Information Services, will be responsible for providing the service.

8. Who are the payers of this service?

Response: This is not a proposal for a clinical service, but rather a proposal for improved information systems infrastructure, to assure the security and continuity of clinical care information. Improvements to the Hospital's infrastructure, as with all other indirect expenses and the rest of the Hospital's cost structure, are funded through existing payment mechanisms by Medicare, Medicaid, and non-government payers.

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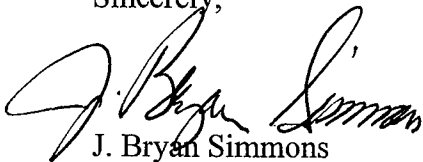
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